



Orlando

4105 Seaboard Road
Orlando, FL 32808
TEL 407-843-8190
FAX 407-843-3171

Tampa

1103 N. 50th St.
Tampa, FL 33619
TEL 813-223-7554
FAX 813-223-7567

Miami

1001 Northwest 159th Dr.
Miami Gardens, FL 33169
TEL 305-620-4313
FAX 305-356-7308

Chicago Sales TEL 773-884-2192

Credit Application

1. Welcome and Thank you for applying for a charge account with Amazon Hose & Rubber Co.
2. Payment is due Net 30 days from invoice date. 1 1/2 % interest on accounts over 30 days past due.
3. No Price corrections or returns (except for defective merchandise) after 30 days from invoice date.
4. Special order merchandise is non refundable / non returnable.
5. Receipt is required for returns and may be subject to a 25% restocking fee.
6. All accounts will be charged sales tax unless a current tax exemption certificate is provided to keep on file.
7. Accounts with unpaid invoices 45 days from invoice date will be placed on credit hold.
8. Charge backs for expenses incurred in collections to include, but not limited to, attorney's fees.
9. \$25.00 NSF check fee.

Must provide complete information in ALL sections in order to process application.

General Company Information

Legal Business Name _____
 Doing Business as _____
 Federal ID Number _____ Limit Requested: _____

Business Classification (Check one) **Today's Date:** _____
 ___ Sole Proprietor ___ Partnership ___ Corporation ___ Other, Specify _____

Type of Business (Check one)
 ___ Consumer ___ Distributor ___ Government ___ Jobber ___ OEM ___ Other, Specify _____

Physical Address

Billing/Mailing Address (if different)

Street _____
 Suite# _____
 City _____
 State _____
 County _____ ZIP _____

Street/ P.O. Box _____
 Suite# _____
 City _____
 State _____
 County _____ ZIP _____

Please list all alternate addresses on separate sheet of paper.

Business Telephone () _____
 Business fax () _____
 Years in Business _____

Tax Exempt: ___ Yes ___ No
 If yes, applicant must provide current tax certificate in order to open the account.

Purchasing Contact _____
 Email _____
 Phone _____ EXT _____

A/P Contact _____
 Email _____
 Phone _____ EXT _____

Your invoices will be sent via EMAIL _____
 Your statement will be sent via EMAIL _____

Terms and Conditions

Business/Applicant hereby acknowledges the following:

The information supplied is complete and accurate. Amazon Hose terms for extension of credit are 30 days NET. Amazon Hose reserves the unconditional right to refuse credit or to close any account, at any time, without prior notice. Closed credit accounts become payable, in full, immediately. Signature indicates acceptance of all terms listed above.

Signature _____
 Print Name _____
 Title _____
 Date _____

PURCHASE ORDERS REQUIRED?
 Yes No please check one
STATEMENT REQUESTED?
 Yes No please check one

Information on Company Officers

Principal or Owner

Name	<input type="text"/>
Street	<input type="text"/>
City, ST ZIP	<input type="text"/>
Phone	<input type="text"/>

Principal or Owner

Name	<input type="text"/>
Street	<input type="text"/>
City, ST ZIP	<input type="text"/>
Phone	<input type="text"/>

Principal Bank Reference

Name	<input type="text"/>
Street	<input type="text"/>
City, ST ZIP	<input type="text"/>
Phone	<input type="text"/>

Additional Bank or Credit Reference

Name	<input type="text"/>
Street	<input type="text"/>
City, ST ZIP	<input type="text"/>
Phone	<input type="text"/>

Additional Shipping Locations (and any other special instructions on a separate sheet of paper)

Name	<input type="text"/>
Street	<input type="text"/>
City, ST ZIP	<input type="text"/>
Phone	<input type="text"/>

Name	<input type="text"/>
Street	<input type="text"/>
City, ST ZIP	<input type="text"/>
Phone	<input type="text"/>

Trade References (minimum of 4) Please provide Fax # and Account #'s for Trade References

Acct# _____

Name	<input type="text"/>
Street	<input type="text"/>
City, ST Zip	<input type="text"/>
Fax	<input type="text"/>

Acct# _____

Name	<input type="text"/>
Street	<input type="text"/>
City, ST Zip	<input type="text"/>
Fax	<input type="text"/>

Acct# _____

Name	<input type="text"/>
Street	<input type="text"/>
City, ST Zip	<input type="text"/>
Fax	<input type="text"/>

Acct# _____

Name	<input type="text"/>
Street	<input type="text"/>
City, ST Zip	<input type="text"/>
Fax	<input type="text"/>

Shipping Instructions

Preferred Carrier: _____
Prepaid & Add Collect please check one

Additional instructions: _____

For Office use only:

References Mailed:
Ref # 1 mailed _____ Received _____
Ref # 2 mailed _____ Received _____
Ref # 3 mailed _____ Received _____

Account Approval:
Approved by: _____ Yes
No
Credit Limit: _____
Account #: _____